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AUTHOR Krajicek, Marilyn
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ABSTRACT

This examination of interventions for infants born affected by drugs and alcohol defines the issue, identifies alternative solutions, and notes barriers to provision of appropriate services. These infants, especially those with fetal alcohol syndrome, are seen at high risk for health-related behavioral and developmental problems. A list of 14 interventions includes: focus on de-labeling; encourage early prenatal care; provide drug rehabilitation for parents; enhance parenting skills; prepare early childhood professionals across discipline boundaries; provide ongoing continuing education for professionals working with infants and toddlers; continue interagency collaboration; prepare early childhood special educators to understand and use assessment scales; and provide a caring environment for the caregiver, interventionist, infant, child, and family. Barriers to implementing these strategies include lack of adequate funding for full implementation of the Individuals with Disabilities Education Act and the need for states to examine and define practices and policies for managing education and related health care issues. (DB)

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Interventions for Infants Born Affected by Drugs and Alcohol

Marilyn Krajicek
University of Colorado Health Sciences Center
School of Nursing

ED353767

Defining the Issue

The media has heightened the nation's awareness of the increase in drug use. There is concern about this increase among all socioeconomic classes especially cocaine use by women of childbearing age (Lewis, Bennett, & Schmeder, 1989). Crack, the form of cocaine that is smoked, is short-acting, inexpensive, and widely used (Lewis et al., 1989). A major problem existing among drug abusers is that they frequently use a combination of abusing agents, which may include alcohol, cocaine, and central nervous system depressants. As a result, it is difficult to determine the specific effects of a single drug on an infant exposed to prenatal drug use. Another risk factor resulting from drug abuse is the possibility of the mother becoming infected with the HIV virus (Lewis et al., 1989). Thus the vulnerable infant is at an increasing risk for health-related behavioral and developmental problems. Characteristics that may be exhibited by the at-risk infant include: atypical motor responses, vomiting and poor sucking, irritability, inconsolability, poor muscle tone, tremors, and poor sleeping patterns. One or more of these problems can affect infant-mother bonding and lead to additional problems such as physical abuse (Lewis et al., 1989).

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Understanding an infant presenting with multiple problems becomes an enormous challenge for parents, who may be in personal jeopardy, and for early childhood special educators providing intervention services. A major concern is identification of the types of intervention services that will best meet the needs of these infants.

Focus has been placed on the "differences" in children as they reach school-age. A challenge facing early service providers is whether or not a new category will be created for labeling children born to women who are substance abusers. Is there enough research data available to provide and support the answers? How different are the children who are at risk for developmental problems as a result of substance abuse from children who are at risk from other factors? According to Ira Chasnoff, a Northwestern University medical researcher who has followed 300 children since 1986, recent studies are showing that children of cocaine-using mothers are potentially within normal developmental range and have few impairments distinct from those found among children born of poverty (Viadero, 1992). His earlier studies, however, have found these children "inconsolable" and highly irritable in the newborn nursery. One study indicated that at two years of age the children had problems interacting, concentrating, and coping with an unstructured environment (Viadero, 1992, p. 10). Chasnoff's team provided parental interventions to teach mothers strategies for comforting and nurturing their children, and directing mothers to drug treatment programs (Viadero, 1992, p.10).

The most common preventable form of mental retardation is fetal alcohol syndrome. This syndrome is identified by clusters of symptoms in the following three areas: prenatal and postnatal growth retardation; characteristic facial dysmorphology; and central nervous system involvement with neurologic abnormalities and developmental and intellectual delays. In addition, there may be associated non-specific abnormalities in other body systems, including heart murmurs, septal defects, reno-genital anomalies, and skeletal malformations. Other factors interacting with the fetus include mother's health, a possible polydrug problem, poor prenatal care, poor nutrition, and a home environment that puts the infant at further risk.

Many of the interventions that have been identified for working with the infant/child with fetal alcohol syndrome are also applicable to the infant/child prenatally exposed to other drugs. Interventions should be appropriately based on individual needs and may include adequate medical and health care, good nutrition, consistent caregivers, a structured setting with clear guidelines broken down into manageable steps, age-appropriate stimulation to allow the child to achieve maximum development, encouragement and socialization at levels tolerated by the infant/child, provision for advocates for the child and family, and referral to appropriate local community resources (Krajicek, Nemec, Mazzacco, & Tighe, 1992).

Alternative Solutions

1. Focus on de-labeling. We do not need to create another category for labeling children.
2. Encourage early prenatal care. Examine the use of nurse midwives and practitioners to provide safe prenatal care to at-risk uninsured mothers.
3. Provide drug rehabilitation for parents. Continue to emphasize primary-school drug education programs.
4. Increase school-based health clinics where health services can be provided in a community setting.
5. Enhance parenting skills. Continue training of multiple disciplines in the provision of parenting skills.
6. Increased training of professionals and paraprofessionals in skills of observation, reading infant's cues, appropriate intervention strategies, and how to work with parents.
7. Prepare early childhood professionals across discipline boundaries using creative teaching strategies and interdisciplinary course offerings.
8. Provide training in behavior intervention techniques.
9. Increase the knowledge of early childhood special educators about health-related issues, such as drug interactions, genetic effects, and invasive health procedures.
10. Ongoing continuing education for professionals in all the disciplines that work with infants and toddlers. Develop skills in the use of new technologies and apply new theories to the practice setting.
11. Continue interagency collaboration and coordination.

12. Encourage professionals addressing the complex problems of early childhood special education to assist each other in serving families and keeping service systems more accountable for their interventions.
13. Prepare early childhood special educators and others to understand use assessment scales. These may include:
    a. The Brazelton Neonatal Behavioral Assessment Scale (Brazelton, 1973).
    b. Assessment of Preterm Infant's Behavior (APIB) (Als & Duffy, 1989).
    c. The Kangaroo Box Paradigm (Als & Duffy, 1989)
    d. Home Observation for Measurement of the Environment (HOME) (Caldwell & Bradley, 1984).

    Expertise in the use of assessment scales such as these provide early interventionists with tools for a more systematic Individual Family Service Plan (IFSP) (Als & Duffy, 1989).
14. Caring for the caregiver, interventionist, infant, child, and family. There is a theoretical body of knowledge related to caring that needs to be explored. Watson (1985, p. 10) has identified ten caring-related factors: the formation of a humanistic-altruistic system of values; the instillation of faith-hope; the cultivation of sensitivity to one's self and to others; the development of a helping-trust relationship; the promotion and acceptance of the expression of positive and negative feelings; the systematic use of the scientific problem-solving method for decision-making; the promotion

of interpersonal teaching-learning; the provision for a supportive, protective, and (or) corrective mental, physical, socio-cultural, and spiritual environment; assistance with the gratification of human needs; and the allowance for existential-phenomenological forces.

These caring-related factors, found in the nursing literature, form a structure for studying, understanding, and applying nursing as the science of caring. However, these factors have potential applicability to early childhood special education and need to be explored. Working with infants and families who are at high risk for a number of problems is a major challenge, hard work, and often leads to a high turnover of staff and potential burnout at both the professional and para-professional level.

We, in higher education, have high expectations of our graduates. A major challenge facing us is continuing to examine and re-define curriculum content and alternative teaching strategies to better prepare the interventionists for meeting the needs of the increased complexity of issues facing each graduate.

Barriers to Obtaining the Ideal

Focusing on full implementation of the Individuals with Disabilities Education Act (IDEA) will continue to be a challenge due to lack of adequate funding, a major barrier. Each state must examine and define current practices, policies, and procedures for managing complex education and health care related issues, especially those related to invasive heath procedures such as

tracheostomy care, gastrostomy feeding, and other procedures necessitating a license to perform.

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